

Application Checklist

Use this checklist to help you arrange the sections of the application in the correct order. This form is available as a fill-in form on the IMLS web site (see information on electronic forms, page 2.2).

- ☐ Face Sheet (3 pages)
- ☐ Application Checklist
- ☐ Abstract
- ☐ Narrative
- ☐ Schedule of Completion
- ☐ Project Budget
 - ☐ Detailed Budget
 - ☐ Summary Budget
 - ☐ Budget Justification
- ☐ Current, Federally Negotiated Rate for Indirect Costs, if applicable
- ☐ Partnership Statement, if applicable
- ☐ Proof of Non-Profit Status, if applicable
- ☐ Applicant(s) Organizational Profile
- ☐ Service Expectations/Recruitment documentation
- ☐ Assurances/Certification of Authorizing Official
- ☐ Resumes of Key Personnel (no longer than two pages per person)
- ☐ Attachments, as appropriate
 - ☐ Report from Planning Activities (e.g., Needs Assessments)
 - ☐ Products or Evaluations from Previously Completed or Ongoing Projects of a Similar Nature
 - ☐ Other _____
- ☐ 3.5 inch disk or CD

OMB No. 3137-0049

Face Sheet

1. Applicant Organization _____

2. Institutional Mailing Address _____

3. City _____

4. State _____

5. Zip Code _____

6. Web Address _____

7. DUNS Number _____

8. TIN Number _____

9. Name and Job Title of Project Director ☐ Mr. ☐ Ms. ☐ Dr. _____

10. Business Phone of Project Director _____

11. Project Director Mailing Address _____

12. City _____

13. State _____

14. Zip Code _____

15. Fax Number of Project Director _____

16. E-mail Address of Project Director _____

17. Name and Title of Authorizing Official _____

18. Business Phone of Authorizing Official _____

19. Authorizing Official Mailing Address _____

20. City _____

21. State _____

22. Zip Code _____

23. E-mail Address of Authorizing Official _____

24. Sponsoring institution if applicable (e.g., municipality, state, or university)

☐ check if this entity will manage funds if an award is made. Name and address: _____25. Is the applicant organization university controlled? ☐ yes ☐ no

26. Priority addressed in this application (check only one):

- ☐ Priority 1: Master's Level Programs
- ☐ Priority 2: Doctoral Level Programs
- ☐ Priority 3: Pre-Professional Programs
- ☐ Priority 4: Research
- ☐ Priority 5: Programs to Build Institutional Capacity
- ☐ Priority 6: Continuing Education

27. Project Title _____

28. AMOUNT REQUESTED \$ _____

29. Amount of Matching Funds \$ _____

CONTINUE TO ITEM NO. 30

30. Grant Period (Starting Date) ____/____/____ — ____/____/____ (Ending Date)

31. In the space below, include names of any organizations that are official partners of the project.

32. Check governing control of applicant (select one) ☐ State ☐ Municipal ☐ County
☐ Private Non-Profit ☐ Tribal Government ☐ Other, please specify _____

33. Check Type of Organization (select one)

- ☐ Public Library
- ☐ Research Library/Archives
- ☐ School library or school district applying on behalf of a school library or libraries
- ☐ Museum library
- ☐ Library Association
- ☐ Academic Library
- ☐ Special Library
- ☐ Library Consortium
- ☐ State Library Agency
- ☐ Institutions of Higher Education other than listed below:
 - ☐ Graduate school of library and information science
 - ☐ Four Year College
 - ☐ Community College
- ☐ Other, please specify: _____

CONTINUE TO ITEM NO. 34

34. Institution Name _____

35. In the space below, summarize the project activities (200 word maximum).

36. Certification _____
Signature of Authorizing Official

Date

Project Budget Form

SECTION 1: DETAILED BUDGET

Year ☐1 ☐2 ☐3 - Budget Period from ____ / ____ / ____ to ____ / ____ / ____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 2.4–2.6 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	COST SHARE	TOTAL
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
TOTAL FRINGE BENEFITS \$			_____	_____	_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES \$			_____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	COST SHARE	TOTAL
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS \$				_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET CONTINUED

Year ☐1 ☐2 ☐3

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT \$		_____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL SERVICES COSTS \$		_____	_____	_____

STUDENT SUPPORT (PRIORITIES 1, 2, AND 3)

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL STUDENT SUPPORT \$		_____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL OTHER COSTS \$		_____	_____	_____

TOTAL DIRECT PROJECT COSTS \$ _____

**TOTAL DIRECT PROJECT COSTS
EXCLUDING STUDENT SUPPORT \$** _____

INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 2.5.)

Applicant organization is using:

- ☐ A. an indirect cost rate which does not exceed 15% of modified total direct costs – may be listed only as cost sharing.
☐ B. Federally negotiated Indirect Cost Rate (see page 2.5).

Name of Federal Agency

Expiration Date of Agreement

C.	Rate base(s)	Modified Direct Costs		
_____	%	of \$ _____	=	\$ _____
_____	%	of \$ _____	=	\$ _____
_____	%	of \$ _____	=	\$ _____

	IMLS	APPLICANT	TOTAL
TOTAL INDIRECT COSTS CHARGED TO \$	_____	_____	_____

Project Budget Form

SECTION 2: SUMMARY BUDGET

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 2.4–2.6 BEFORE PROCEEDING.

DIRECT COSTS

	IMLS	COST SHARE	TOTAL
SALARIES & WAGES	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____
CONSULTANT FEES	_____	_____	_____
TRAVEL	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____
SERVICES	_____	_____	_____
STUDENT SUPPORT	_____	_____	_____
OTHER	_____	_____	_____
TOTAL DIRECT COSTS	\$ _____	\$ _____	\$ _____
INDIRECT COSTS*	\$ _____	\$ _____	\$ _____

You may request indirect costs from IMLS only on the direct project costs requested from IMLS.

TOTAL PROJECT COSTS \$ _____

AMOUNT OF CASH-MATCH \$ _____

AMOUNT OF IN-KIND CONTRIBUTIONS \$ _____
(INSTITUTIONAL COST-SHARING), INCLUDING INDIRECT COSTS

TOTAL AMOUNT OF MATCH (CASH & IN-KIND CONTRIBUTIONS) \$ _____

AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS \$ _____

**FOR PROJECTS THAT WILL RECRUIT, EDUCATE OR TRAIN
A SELECTED AUDIENCE, TOTAL NUMBER OF STUDENTS** _____

COST PER STUDENT \$ _____
(DIVIDE AMOUNT REQUESTED FROM IMLS, INCLUDING DIRECT COSTS)

PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS _____ %
(MAY NOT EXCEED 50% EXCLUDING STUDENT SUPPORT – RESEARCH PROJECTS EXCEPTED, SEE COST SHARING ON PAGE 1.8)

Have you received or requested funds for any of these project activities from another Federal agency?
(Please check one) ☐ Yes ☐ No

If yes, name of agency _____

Date of application _____ or award _____ Amount requested or received \$ _____